Golden Rule

Attriart leaf transcription PO Box 31374
Salt Lake City, UT 84131-0374

February 20, 2017

Richard D. Bethel, Jr. 7930 Woodview Court Maineville, OH 45039

Identification No: 094038242 Insured: Richard D. Bethel, Jr. Claimant: Richard D. Bethel, Jr.

Denial Reason(s): Misrepresentation of Material Fact and Preexisting Condition Contract Provision(s): Misstatement In Application and Preexisting Condition

Dear Mr. Bethel

Your request for benefits has been reviewed very carefully. We want to let you know the result of our review.

The Application for Coverage:

Before we can issue health insurance coverage, a customer fills out an application. We use the application to determine if we can offer coverage and rely on this information when we agree to provide coverage for a customer.

If the application is approved, a copy of it is attached and made part of the plan. We do this so the customer can check the answers and let us know if any information is missing or incorrect. On the front of the plan, it says "Check the attached application. If it is not complete or has an error, please let us know. An incorrect or incomplete application may cause your certificate to be voided and claims to be reduced or denied."

New Information From Our Review:

During our review, we requested and received medical records from Bethesda Hospital. These medical records indicate that information was incorrect or missing from your application. This information would have changed the original decision to issue coverage.

According to the information we received, the answer to Question 8 should have been "Yes" with respect to Martha Bethel's medical history. A copy of the application is enclosed for your review.

The records we received indicate that Mrs. Bethel was seen in the emergency room on September 25, 2016, for sciatica for which she received Dilaudid and Norflex during evaluation. The plan was to follow up with primary care provider and neurosurgeon for further evaluation of ongoing symptoms.

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There may be additional information that was missing or incorrect on your application. Golden Rule reserves the right to assert any other material misstatements as reasons to void your coverage. By taking this action, we are not waiving any rights under the provisions of the plan, including, but not limited to, the Preexisting Conditions exclusion provision.

How the New Information Will Affect Your Coverage:

If this information had been shown on your application for insurance, your certificate would not have been issued in its present form. The underwriters have indicated an indefinite rider would have been placed on your certificate. The rider would have excluded Martha Bethel from all coverage.

Now that this medical history is known, we are allowing you the option of retaining your coverage up to the termination date of January 11, 2017, with the acceptance of the aforementioned rider on Mrs. Bethel. Or, if you prefer, we are willing to void your certificate from the beginning and refund all premiums paid less any claim payments already made, if any.

In order to conclude this matter, please respond to us with your decision within the next 30 days.

If you choose to accept the aforementioned rider, sign and return the original Rider-Amendment to us. The additional copy of the Rider-Amendment should be attached to your certificate.

The claim submitted for Mrs. Bethel will be denied due to the misrepresentation of material fact.

The claim for submitted for Mrs. Bethel's October 1, 2016, admission for spinal stenosis and all related expenses is currently being denied because it is for a preexisting condition.

30 Day Notice

If you choose to have your certificate voided, please notify us of this decision within the next 30 days.

We are required to provide you this 30 day notice before proceeding with the rescission of your coverage. During this 30 day period, you may submit additional information that you would like us to review in reconsideration of our determination. We will not deny any claims during

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RE: Outstanding claims

this 30-day period. This 30-day period also allows you the time to seek coverage elsewhere if that is your decision.

In the absence of a reply, we will have no alternative but to void all coverage for you. This means it is as though coverage had never been approved or issued. We will return any premium due, and we will not provide coverage or pay any claims.

In the meantime, further processing of all claims under your certificate will be suspended until we receive your response.

Our special postage-paid envelope is enclosed for your convenience. Please use this envelope to ensure that the signed Rider-Amendment and the additional copy of this letter are returned directly to me.

If you would like us to reconsider our decision on this matter, please submit any additional information or documentation to us for further consideration.

Right to Appeal

You have the right to appeal this decision. If you wish to file an appeal, please send us your written request, along with any additional information you would like us to review, to the address below. You do not have to provide us with any additional information in order to appeal this determination. Your file will remain open while the appeal is conducted.

Golden Rule Insurance Company Grievance Administrator P.O. Box 31371 Salt Lake City, UT 84131-0371

We have enclosed a copy of the Ohio Appeal Procedures for your review.

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline, or protocol that we relied upon in making the non-coverage decision for your claims. To request copies, please write to us at the address below.

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You may have a right to file a civil action under state or federal law if all required reviews of your claim have been completed.

If you have any questions regarding this matter, please contact me at 1-800-657-8205.

Sincerely,

Kerry Marshall

Medical History Review Department

Enclosures